

Department of Health - Wastewater Branch
Individual Wastewater System (IWS) - Construction Inspection Report
Please Print or Type

Inspector's Name: _____ Date of Inspection: ____/____/____

TMK: () _____ Permit I.D. #: (IWS File #) _____

Project Name: _____

Site Address: _____ General Area: _____

Contractor: _____ License #: _____

License type: **(Circle one only, No Others)** A, C-9, C-37, C-37a, C-43

Technical Information:

Grease Interceptor (if applicable): Make / Model: _____ Size: _____

Septic Tank / Aerobic Unit (circle one): Make / Model: _____ Size: _____

For Aerobic Unit a copy of executed service contract must be included.

Disposal System: (Check One)

Trenches / Bed (circle one):

_____ # of Trenches / Bed: _____ Length: _____ Width: _____

Gravel & Lining verified: Yes / No (circle one)

Soil Replacement: Yes / No (circle one)

_____ Seepage Pit:

Diameter: _____ Depth: _____ Pit Lining Type: _____

If not lined, attach justification

House Construction: (Circle One) Completed / Partial / Staked

Setback Distance (shortest) between IWS and the Followings are measured in feet and recorded on as-built. At least three (3) distinct points must be referenced:

Buildings: _____ Property Line: _____ Stream: _____

Ocean at Vegetation line: _____ Wells: _____
(If Applicable)

Item Verified: **Yes / No / NA**

Manhole / Inspection Ports to Grade _____

Three (3) Feet of Suitable Soil Below Trench / Bed _____

Soil Profile Observation at a Minimum Depth of Five (5) Feet _____

(If you answer **NO** to the question above, please attach a site evaluation / percolation test form showing the soil profile observation at a minimum depth of five (5) feet.)

